

QP REVIEW RESULTS

SECTION I. (Preparer completes)

QP IDENTIFIER: _____ REVISION: _____ TITLE: _____

 PREPARER'S NAME: _____ PHONE: _____ MS: _____ DUE BY: _____
 Print name

SEND THIS FORM TO THE TECHNICAL ASSURANCE PROJECT LEADER, MS J521

SECTION II. (Reviewer completes)

REVIEWER INSTRUCTIONS:

1. Review the QP against the attached Review Criteria.
2. For comments, enter the location of the section in question and the proposed actions on the attached review sheet. If no comments, check the "No Comments" box, and check the N/A box in Section III.
3. Any changes to original entries must be initialed and dated.
4. Complete Section II, return the review sheets to the preparer identified in Section I.
5. After the procedure is modified, the reviewer completes Section III, as appropriate.

I HAVE FOLLOWED THE INSTRUCTIONS FOR REVIEWING THIS DOCUMENT.

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Comments Attached

☐

No Comments

REVIEWER: _____

Print name

Signature

Phone

Date

SECTION III. Signatures below indicate that all comments have been satisfactorily resolved.

REVIEWING ORGANIZATION: (Check One)

☐

SITE & REGULATORY

☐

ADMINISTRATION

☐

OQA

☐

TCO

☐

LL

☐

RT SPECIALIST

REVIEWER: _____

Signature

Date

☐

N/A

AFTER COMPLETING SECTION III, RETURN REVIEW SHEETS TO THE PREPARER IDENTIFIED IN SECTION I.